



Declaration - Patent Application

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that the below named inventors are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought in the application on the invention entitled "Apparatus Identificaiton Systems and Methods," filed 04/15/2004, U.S. Ser. No. 10/825,590. I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims. I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby direct that all correspondence and telephone calls be addressed to Guy L. McClung, III PMB 347, 16690 Champion Forest Drive, Spring, Texas 77379-7023, Phone (281) 893 5244, Fax (281) 893 5258.

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Full Name: Reinhold Kammann
(First) (Initial) (Last)

Inventor's Signature: *Reinhold Kammann*

Date: Sept. 21/2004 Country of Citizenship: Germany

Residence Address: Schaffeld 12, D-29342 Wienhausen, Germany
(Include number, street name, city, state, and country)

Post Office Address: Maschweg 5, D-29227 Celle, Germany

Inventor's Full Name: Manfred H. Worms

Inventor's Signature: (First) (Initial) (Last)
Manfred H. Worms

Date: Sept. 21/2004 Country of Citizenship: Germany

Residence Address: Maisfeld 15, D-29336 Nienhagen, Germany
(Include number, street name, city, state, and country)

Post Office Address: Maschweg 5, D-29227 Celle, Germany

Inventor's Full Name: Clive Chemo Lam
(First) (Initial) (Last)

Inventor's Signature: _____

Date: _____ Country of Citizenship: U.S.

Residence Address: _____
(Include number, street name, city, state, and country)

Post Office Address: _____

Inventor's Full Name: Guy L. McClung, III
(First) (Initial) (Last)

Inventor's Signature: _____

Date: _____ Country of Citizenship: U.S.

Residence Address: 8002 Hertfordshire Cir., Spring, TX 77379 USA
(Include number, street name, city, state, and country)

Post Office Address: 16690 Champion Forest Dr., PMB 347, Spring, TX 77379 USA

Inventor's Full Name: Manfred H. Worms

(First) (Initial) (Last)

Inventor's Signature: _____

Date: _____ Country of Citizenship: Germany

Residence Address: Maisfeld 15, D-29336 Nienhagen, Germany

(Include number, street name, city, state, and country)

Post Office Address: Maschweg 5, D-29227 Celle, Germany

Inventor's Full Name: Clive Chemo Lam

(First) (Initial) (Last)

Inventor's Signature: Clive Chemo Lam

Date: 10/1/04 Country of Citizenship: U.S.

Residence Address: 15922 Oak Island Dr. Tomball, TX 77377

(Include number, street name, city, state, and country)

Post Office Address: 15922 Oak Island Dr. Tomball TX 77377

Inventor's Full Name: Guy L. McClung, III

(First) (Initial) (Last)

("Guy McClung" Reg. No. 29008)

Inventor's Signature: Guy McClung

Date: 21 SEP 04 Country of Citizenship: U.S.

Residence Address: 8002 Hertfordshire Cir., Spring, TX 77379 USA

(Include number, street name, city, state, and country)

Post Office Address: 16690 Champion Forest Dr., PMB 347, Spring, TX 77379 USA

Inventor's Full Name: Manfred H. Worms
(First) (Initial) (Last)

Inventor's Signature: _____

Date: _____ Country of Citizenship: Germany

Residence Address: Maisfeld 15, D-29336 Nienhagen, Germany
(Include number, street name, city, state, and country)

Post Office Address: Maschweg 5, D-29227 Celle, Germany

Inventor's Full Name: Clive Chemo Lam
(First) (Initial) (Last)

Inventor's Signature: _____

Date: _____ Country of Citizenship: U.S.

Residence Address: _____
(Include number, street name, city, state, and country)

Post Office Address: _____

Inventor's Full Name: Guy L. McClung, III
(First) (Initial) (Last)

Inventor's Signature:  ("Guy McClung" Reg. No. 29008)

Date: 21 SEP 04 Country of Citizenship: U.S.

Residence Address: 8002 Hertfordshire Cir., Spring, TX 77379 USA
(Include number, street name, city, state, and country)

Post Office Address: 16690 Champion Forest Dr., PMB 347, Spring, TX 77379 USA